Provider Inspection Summary

For the period 07/01/2003 to 06/30/2006 Adult Family Home STATE OF WISCONSIN
Bureau of Quality Assurance
P.O. Box 2969
Madison WI 53701-2969

Facility Information

Facility Name: EDELWEISS MANOR LLC (0009745)

Address: W5625 SUMMIT WOODS LN, PLYMOUTH, WI 53073

License Status: REGULAR

Licensed/Certified/Registered 10/08/2002

Regional Office: NORTHEASTERN REGION (GREEN BAY), (920) 448-5240

Survey History

Survey ID: 0097240 End Date: 05/31/2006 Type: STANDARD Purpose: COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #10007312 Served 06/28/2006

<u>Deficiencies Cited</u> <u>Subject Area</u> <u>Compliance</u> <u>Verified</u> <u>Corrected</u>

50.065(2)(b)intro ENTITY BACKGROUND CHECK REQUIREMENTS

88.04(2)(a) RESPONSIBILITIES

88.04(2)(g)1 HEALTH SCREENING FOR STAFF 88.06(2)(a) ADMISSION-HEALTH EXAM 88.07(3)(d) MEDICATION- WRITTEN ORDER

Provider Inspection Summary

For the period 07/01/2003 to 06/30/2006 Adult Family Home STATE OF WISCONSIN Bureau of Quality Assurance P.O. Box 2969 Madison WI 53701-2969

Survey ID: 0096423 End Date: 01/05/2006 Type: OTHER Purpose: SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #10007252 Served 03/03/2006

		Compliance	
Deficiencies Cited	Subject Area	Verified	Corrected
50.065(2)(b)intro	ENTITY BACKGROUND CHECK REQUIREMENTS	05/30/2006	No
88.04(2)(a)	RESPONSIBILITIES	05/30/2006	No
88.04(2)(g)1	HEALTH SCREENING FOR STAFF	05/30/2006	No
88.04(5)(a)	TRAINING-15 HOURS WITHIN 6 MONTHS	05/30/2006	Yes
88.05(3)(b)	FREE OF HAZARDS	05/30/2006	Yes
88.05(3)(d)	ANNUAL WELL WATER INSPECTIONS	05/30/2006	Yes
88.05(3)(e)2.b	INSPECTIONS-GAS FURNACE	05/30/2006	Yes
88.05(6)(b)	HOUSEHOLD PETS-CLEAN CAGES	05/30/2006	Yes
88.07(4)(c)	FOOD PREPARED AND STORED SANITARY WAY	05/30/2006	Yes
88.09(2)(c)	LOCATION AND RETENTION PERIOD	05/30/2006	Yes

Survey ID: 0094440 End Date: 02/11/2005 Type: OTHER Purpose: DESK REVIEW

Results: ENFORCEMENT ACTION

Statement of Deficiency: #10007106 Served 04/04/2005

Deficiencies CitedSubject AreaVerifiedCorrected50.065(6)(b)CREDENTIALED CAREGIVERS05/31/2005Yes

Compliance

Compliance

Survey ID: 0093559 End Date: 10/28/2004 Type: STANDARD Purpose: SURVEY/COMPLAINT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #10007039 Served 11/09/2004

Deficiencies Cited
88.10(3)(l)Subject Area
SAFE PHYSICAL ENVIRONMENTVerified
01/05/2006Corrected
Yes

Provider Inspection Summary

For the period 07/01/2003 to 06/30/2006 Adult Family Home STATE OF WISCONSIN
Bureau of Quality Assurance
P.O. Box 2969
Madison WI 53701-2969

Survey ID: 0092605 End Date: 04/29/2004 Type: OTHER Purpose: COMPLAINT/SELF REPORT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #10006966 Served 05/25/2004

Deficiencies Cited
88.06(2)(b)Subject Area
SERVICE AGREEMENT EXCEPT RESPITEVerified
10/20/2004Corrected
Yes88.06(2)(c)5REFUND POLICY10/20/2004Yes

Survey ID: 0090905 End Date: 09/02/2003 Type: OTHER Purpose: VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Provider Inspection Summary

For the period 07/01/2003 to 06/30/2006 Adult Family Home STATE OF WISCONSIN Bureau of Quality Assurance P.O. Box 2969 Madison WI 53701-2969

Enforcement History

Date: 06/27/2006 SOD #10007312 Appealed: No

<u>Sanctions</u>

COMPLY WITH REQUIREMENT

NO NEW ADMISSIONS

Date: 03/01/2006 SOD #10007252 Appealed: No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION

COMPLY WITH REQUIREMENT

Date: 04/01/2005 SOD #10007106 Appealed: No

Sanctions

COMPLY WITH REQUIREMENT

Date: 05/24/2004 SOD #10006966 Appealed: No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION

COMPLY WITH REQUIREMENT

Date: 07/10/2003 SOD #10006249 Appealed: No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION

NO NEW ADMISSIONS PROVIDE TRAINING

Provider Inspection Summary

For the period 07/01/2003 to 06/30/2006 Adult Family Home STATE OF WISCONSIN
Bureau of Quality Assurance
P.O. Box 2969
Madison WI 53701-2969

Complaint History					
Date Complaint Received: 05/22/2006	Date Investigation Completed: 05/31/2	2006			
Subject Area(s) LICENSED CAPACITY /CLASS OF LICENSE ABUSE NUTRITION & FOOD SERVICES MEDICATIONS	Result NOT SUBSTANTIATED NOT SUBSTANTIATED NOT SUBSTANTIATED NOT SUBSTANTIATED	SOD#			
Date Complaint Received: 10/13/2005	Date Investigation Completed: 01/05/2006				
Subject Area(s) HOMELIKE ENVIRONMENT & CLEANLINESS MEDICATIONS ADMINISTRATION	Result SUBSTANTIATED NOT SUBSTANTIATED NOT SUBSTANTIATED	<u>SOD #</u> 03/01/06			
Date Complaint Received: 07/29/2005	Date Investigation Completed: 01/05/2006				
Subject Area(s) HOMELIKE ENVIRONMENT & CLEANLINESS MEDICATIONS ADMINISTRATION STAFF TRAINING AND PROFICIENCY	Result SUBSTANTIATED NOT SUBSTANTIATED SUBSTANTIATED SUBSTANTIATED	SOD # 03/01/06 03/01/06 03/01/06			
Date Complaint Received: 04/21/2004	Date Investigation Completed: 10/28/2	2004			
Subject Area(s) STAFF TRAINING AND PROFICIENCY	Result NOT SUBSTANTIATED	<u>SOD #</u>			
Date Complaint Received: 04/05/2004	Date Investigation Completed: 05/11/2004				
Subject Area(s) ADMISSION, TRANSFER & DISCHARGE OTHER	Result SUBSTANTIATED SUBSTANTIATED	<u>SOD #</u> 10006966 10006966			